

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

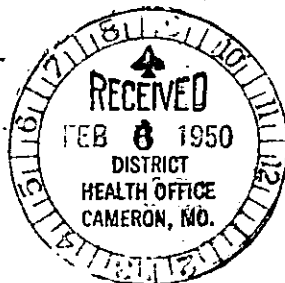
3753

State File No.

BIRTH NO.		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 5023		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Clay Twsp.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural. Benton Twsp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) Jurgen		c. (Last) Fuerst	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-28-1866	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hanover, Germany		12. CITIZEN OF WHAT COUNTRY? Am.	
13a. FATHER'S NAME Jurgen Fuerst		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sophia Fuerst			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lottie Fuerst ADDRESS Langdon. Mo.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coronary occlusion DUE TO (c) coronary arteriosclerosis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic rheumatoid arthritis Benign hypertrophy of prostate				INTERVAL BETWEEN ONSET AND DEATH 8 hrs 8 hrs 10 yrs 20 yrs 2 yrs	
19a. DATE OF OPERATION June 1949		19b. MAJOR FINDINGS OF OPERATION Benign hypertrophy of prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from June 1949 , to 27 Jan, 1950 , that I last saw the deceased alive on 27 Jan, 1950 , and that death occurred at 6:30 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Ernest B. Little, M.D. (Degree or title)				23b. ADDRESS Rock Port Mo		23c. DATE SIGNED 18 Jan 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/29/1950		24c. NAME OF CEMETERY OR CREMATORY Hunter Cem.		24d. LOCATION (City, town, or county) (State) Rock Port. Mo.,	
DATE REC'D BY LOCAL REG. 1-29-50		REGISTRAR'S SIGNATURE Butler Crabtree		25. FUNERAL DIRECTOR'S SIGNATURE Bartholomew Mortuary ADDRESS Rockport. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Grady Bartholomew

Signed _____
Student Embalmer

Licensed Embalmer No. **3173**

Rock Port. Mo.,
P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.